

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XGGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

		ction of each violation is specified in the narrati				
Establishm			Telephone Number	Date of In (mm/dd/y		
HPPL	bees	Neighborhood Grill	812 941 1600	1`.	من دا	
		(number and street, city, state, zip code)		1/11/	12019 19-13	
		RI New Albany, IN 47		Follow-u	np Release Date	
William Apple 1116			Purpose: 1. Routine	NO TODAY		
Owner's A	ddress	•	2. Follow-up	Summary of Violations:		
		Are (unit 2) Orange Park,	PL 32073 3. Complaint			
Person in C	Charge Stice		4. Pre-Operational	4. Pre-Operational C NC R		
Responsible	e Person's E	mail	5. Temporary	Menn Ty	pe (See back of page)	
Ausponen.	C I CIBOM 5 ~	111411	6. НАССР	Wichig 17	he (pee ouck of hage)	
Certified F	ood Manage		7. Other (list)	1 2	3 4 X 5	
Chris	Stice	(11/13/19)			<u>, </u>	
		IDENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"			
• VIOLATIO	ON(S) REPEA'	FED FROM PREVIOUS INSPECTIONS ARE DENO	OTED IN THE "SUMMARY OF VIOLATIONS" A	ND IN THE?	NARRATIVE BELOW AS "R"	
Section#		R I	Narrative		To Be Corrected By	
438	C			1.1.1	Corrected	
		Object Spire still of vers	chable oil on grap line lacking gap 1/2" at main taker ent	1470	1 week	
413	~c	Observed horizontal / bottom	gap 12 w main toper ent	7m4	I WEE	
			·	*		
					<u> </u>	
*	1	PIC/CFM was reminded	of upcoming expiration		:	

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Received by	y (name and t	tle printed):	Inspected by (name and title	printed):		
			4.).	Inga	am (EHS)	
Received by	y (signature):		Inspected by (signature):		•	
			$\bigcap_{i=1}^{n}$	as		
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